## **EXHIBIT B**





PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032
Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.								
	L	Attorney Docket Nun	nber 206	20605.006US				
DECLARATION FO		First Named Inventor	FO	CKE				
DESIG		COMPLETE IF KNOWN						
PATENT APPL		Application Number /						
(37 CFR 1	1.03)	Filing Date		•				
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))	Group Art Unit						
with Initial In		Examiner Name	·	·				
As a below named invento	r, I hereby declare that:							
My residence, mailing addre	ss, and citizenship are as	stated below next to my nam	ie.					
I believe I am the original fir	st and sole inventor (if ool	v one name is listed below)	r on original	first and joint inventor (if plural				
names are listed below) of the	ne subject matter which is	claimed and for which a pate	ent is sought	on the invention entitled:				
METHOD AND APPARATUS FOR THE TESTING OF IN PARTICULAR CIGARETTE PACKS								
the specification of which	(7.	itle of the Invention)						
is attached hereto								
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
,	<u> </u>			phoduori Number of PCT international				
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached? YES NO				
100 50 297.0	Germany	10 October 2000 (10.10.2000)	<b>8</b> 000	0.0.0 80.0.0				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)								
	, rung Date	- (m/400) (11(1)	nu su	Iditional provisional application mbers are listed on a pplemental priority data sheet O/SB/02B attached hereto.				
	<u> </u>	(Page 1 of 2)						

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

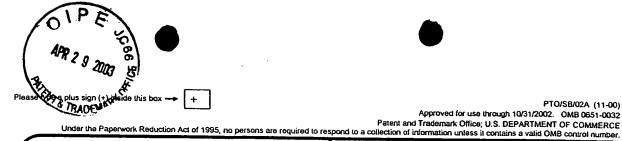
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Laboration			022870		] 0	OR Co		orrespondence address below		
Name	TECHNOPROP COLTON	N LLC		·						
Address	Address PO Box 567685									
Address	Address									
City	Atlanta	<del></del>			State	GA		ZIP	31156-7685	
Country	ry US Telephone 770.522			16 770.522.	.9762 F			Fax	770.522.9763	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF	SOLE OR FIRST INV	/ENTOR:			A petiti	ion ha	s been fi	led for	this unsigned inventor	
Given Name (first and mic					Family Name or Surname FOCKE					
Inventor's Signature								Date	•	
Residence: (	City Verden	<del></del>		State		Country DE		Citiz	zenship DE	
Mailing Addr	ress Moorstrasse 64									
Mailing Addr	ess	<del>,</del>								
City Verden		State			ZIP 27283			Cou	ntry Germany	
NAME OF	SECOND INVENTOR	<u>t:</u>			A petiti	ion ha	s been fi	led for	this unsigned inventor	
Given Name (first and mid	Given Name (first and middle [if any]) Martin  Family Name or Surname STILLER									
Inventor's Signature										
Residence: (	Residence: City Verden State			State		Coun	ntry DE		Citizenship DE	
Mailing Address Doblberger Strasse 35										
Mailing Address										
City Verden		State ZIP 27283					Cour	ntry Germany		
Additional inventors are being named on1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										



## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

		بيست								
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								his unsigned inventor		
Given Na	ame (first and middle (if any	<u>/])                                    </u>				Family Na	me or	Surname		
Jens Se				SCH	CHMIDT					
Inventor's Signature								Date		
Residence: City	Grasberg	St	ate	c	Country	DE		Citizenship DE		
Mailing Address	Jan-Reiners-Strasse 6									
Mailing Address										
City	Grasberg	St	State ZIP 28879 Co				Count	untry Germany		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor				
Given Na	ame (first and middle [if any	/])			Family Name or Surname					
Ralph				S	SGODZAI					
Inventor's Signature								Date		
Residence: City	Ritterhude	St	ate	c	ountry	DE		Citizenship DE		
Mailing Address	Im Orth 14a									
Mailing Address							-			
City	Ritterhude	St	tate		ZIP	27721	Cou	untry Germany		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							his unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname						
Henry			BUSE	BUSE						
Inventor's Signature		<del></del>	<del></del>					Date		
Residence: City	Visselhovede	Sta	ate	c	ountry	DE		Citizenship DE		
Mailing Address	Dreessel Nr. 8									
Mailing Address										
City	Visselhovede	State	.e		ZiP	27374		Country Germany		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.